

Restricted Energy Electrical Application

Gresham/East Multnomah County

1333 N.W. Eastman Parkway

Gresham, OR 97030

Phone: 503-618-2845 Fax: 503-618-2224

Internet: www.greshamoregon.gov

24-Hour Inspection Request Line: **503-661-3909**

FOR OFFICE USE ONLY

Application #: _____

Permit Pin #: _____

TYPE OF WORK

- | | |
|--|---|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Fire Sprinkler |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Fire Alarm |
| <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Other: | |

CATEGORY OF CONSTRUCTION

- | | |
|--|---|
| <input type="checkbox"/> 1 & 2-Family dwelling/accessory | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Master Builder |
| <input type="checkbox"/> Other: | |

JOB SITE INFORMATION and LOCATION

Job site address:

Suite #: _____ Bldg./Apt. #: _____

Project Name:

Directions to job site:

Cross street name:

Subdivision: _____ Lot #: _____

Tax map/parcel #: _____ Block: _____

DESCRIPTION OF WORK

☐ **PROPERTY OWNER** ☐ **TENANT**

Name:

Address:

City/State/Zip:

Phone: _____ Fax: _____

☐ **APPLICANT** ☐ **CONTACT PERSON**

Name:

Address:

City/State/Zip:

Phone: _____ Fax: _____

E-mail:

CONTRACTOR

Business Name:

Address:

City/State/Zip:

Phone: _____ Fax: _____

*CCB Lic. #: _____ Electrical Lic. #: _____

*Supervising electrician signature: (required)

Date: _____

Print Name:

Sup. Lic. #: _____

FEE SCHEDULE

Fee for all systems (includes two inspections)

Single Family Residential	\$39.00
Multi-Family	\$50.00

Check type of work involved:

- | |
|--|
| <input type="checkbox"/> <input type="checkbox"/> Audio and stereo systems |
| <input type="checkbox"/> <input type="checkbox"/> Data telecommunications |
| <input type="checkbox"/> <input type="checkbox"/> Doorbell |
| <input type="checkbox"/> <input type="checkbox"/> Garage-door opener |
| <input type="checkbox"/> <input type="checkbox"/> Heating, ventilation, air-conditioning systems |
| <input type="checkbox"/> <input type="checkbox"/> Landscape irrigations controls |
| <input type="checkbox"/> <input type="checkbox"/> Outdoor landscape lighting |
| <input type="checkbox"/> <input type="checkbox"/> Vacuum systems |
| <input type="checkbox"/> <input type="checkbox"/> Other: |

Number of systems: _____

Miscellaneous fees, each additional inspection \$94.00

Electrical Permit Fees

Subtotal	\$
Plan Review (25% of Permit Fee)	\$
State Surcharge (12% of Permit Fee)	\$
Subtotal	\$
Technology Fee (1% of Permit Fee)	\$
Total Fee	\$

***Note: Permit will not be processed without valid CCB# and signature.**

Authorized

Signature: _____ Date: _____

Print Signer's Name: _____

Restricted Energy 09082008